

DEPARTMENT OF THE NAVY  
Office of the Secretary  
1000 Navy Pentagon  
Washington DC 20350-1000

SECNAVINST 6600.5  
BUMED-06  
5 May 1995

SECNAV INSTRUCTION 6600.5

From: Secretary of the Navy  
To: All Ships and Stations

Subj: DENTAL HEALTH AND READINESS

Ref: (a) DODINST 6410.1 of 8 Nov 90  
(NOTAL)  
(b) OPNAVINST 1751.1A  
(c) MANMED chapter 6, sections 6-99,  
6-102A  
(d) BUMEDINST 6320.82  
(e) Title 10, chapter 55, section 1074  
(f) Title 10, chapter 55, section 1076

1. **Purpose.** To establish the Department of the Navy (DON) Managed Dental Health Care Program that:

a. Defines unit dental readiness standards that are consistent with sustained operational commitments.

b. Promotes individual dental health.

c. Identifies dental benefits available to:

(1) Family members of active duty members.

(2) Retired personnel and their family members.

2. **Cancellation.** SECNAVINSTs 6600.2 and 6600.3 and report control symbol OPNAV 6600-1.

3. **Definitions**

a. **Dental Health.** A state of individual oral health, as a component of total health, where dental disease is eliminated or managed and the member has desirable function and appearance.

b. **Dental Classification.** Department of Defense (DoD) Standardization of Dental Classifications, reference (a), delineates the oral health status and urgency of care required:

(1) **Class 1:** Individual does not require treatment.

(2) **Class 2:** Patient requires care but there is

low risk of a dental emergency and treatment can be deferred due to other priorities for up to 12 months.

(3) **Class 3:** Patient requires urgent care and has a high risk of dental emergency at any time.

(4) **Class 4:** The oral condition of the individual is unknown.

c. **Dental Readiness**

(1) **Individual Dental Readiness:** Member in dental class 1 or 2. An individual in dental class 3 or 4 is considered likely to compromise combat effectiveness or deployability by experiencing a dental emergency.

(2) **Unit Dental Readiness:** Percentage of personnel in any given unit with a dental class of 1 or 2.

d. **Managed Dental Health Care.** A systems approach to the delivery of dental care to all eligible beneficiaries that includes:

(1) Prioritization of treatment needs to ensure maximum force readiness.

(2) Recognition of the differences between beneficiaries' total dental health care, personal desire for oral health status, and military readiness requirements.

(3) Focus on prevention and health maintenance.

(4) Research in support of maximizing oral health and its delivery in Navy and Marine Corps environments.

(5) Constant analyses of alternative delivery strategies and indicators of performance.

e. **Active Duty Uniformed Services Dependents Dental Plan (DDP).** A DoD-sponsored dental insurance plan, reference (b), for eligible family members of active duty personnel of any uniformed service.

4. **Background.** Military doctrine requires rapid response and prolonged sustainment of deployed forces. Untreated oral diseases may result in



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pain and infections that impair performance and operational effectiveness. Because dental readiness is an integral and measurable component of this combat readiness and sustainment, resources must be prioritized to achieve dental readiness. Dental health for every Sailor and Marine is the ultimate goal. Dental readiness (class 1 and 2 patients) does not equate to dental health in that class 2 patients need dental care. Dental readiness indicates progress towards dental health.

**5. Program.** The DONs Managed Dental Health Care Program includes:

a. Prioritizing dental health care resources to meet dental readiness requirements of all active duty personnel.

b. A comprehensive preventive dental health regimen, as outlined in references (c) and (d), that includes but is not limited to:

(1) Periodic oral examination and risk assessment.

(2) Timely and routine delivery of systemic and topical agents to promote resistance to oral diseases.

(3) Education and counseling to control and modify risk factors that predispose to oral diseases, especially cancer, dental decay, and periodontal disease.

c. Frequent monitoring of unit and individual dental readiness.

d. A coordinated program to deliver dental health care services to family members of active duty primarily through the DDP or space available care as prescribed by reference (e).

e. Dental health care for military retirees as described in reference (f) and their family members as outlined in reference (e).

**6. Policy**

a. Unit dental readiness shall be at least 85 percent for all units.

b. Resources must be maximized to enable all personnel to obtain the care required to achieve and maintain dental health.

**7. Action**

**a. Responsible Line Commanders (RLCs) shall:**

(1) If dental assets are insufficient to attain unit readiness requirements, determine priorities for care between units.

(2) Encourage enrollment in and use of the DDP by all eligible beneficiaries.

**b. Commanding officers, officers in charge, or unit commanders shall:**

(1) Ensure units are at or above 85 percent dental readiness.

(2) Encourage enrollment in and use of the DDP by all eligible beneficiaries.

**c. Dental commanding officers shall:**

(1) Coordinate and prioritize resources to maximize dental readiness and promote oral health in their area of responsibility.

(2) Provide unit dental readiness reports:

(a) To the RLC or other unit commander as requested. This report is discretionary in nature and may be customized as needed. The unit dental readiness report must provide, at a minimum, the following information: Unit identification, date of report, dental treatment facility point of contact and telephone number, number of subject unit's personnel in each of the four dental classifications, and unit dental readiness.

(b) To commanding officers, officers in charge, or unit commanders for whom they have primary responsibility for dental care, at least quarterly.

(3) Encourage enrollment in and use of the DDP by all eligible beneficiaries.

**8. Report.** The reporting requirement contained in paragraph 7c(2) is exempt from reports control by SECNAVINST 5214.2B.

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